

OFFICE OF THE STATE CONTROLLER
INTERNET PAYROLL DEDUCTION REPORTING
PARTICIPATION REQUEST FORM

TO: State Controller's Office
PPSD/Systems Activities Coordination & Support
P. O. Box 942850
Sacramento, CA. 94250-5878
Attention: Deduction Program Coordinator

RE: INTERNET PAYROLL DEDUCTION REPORTING PROCESS

1. We hereby request the State Controller's Office begin transmitting our organization's Payroll Deduction data via the Internet. Our deduction/organization codes are as follows:

Deduction/Org Code ____ / ____	Deduction/Org Code ____ / ____
Deduction/Org Code ____ / ____	Deduction/Org Code ____ / ____
Deduction/Org Code ____ / ____	Deduction/Org Code ____ / ____

If additional space is needed, please attach a separate page and submit with this form. It is imperative that all deduction/organization codes be listed as only those codes will appear in the Internet file.

2. The name and e-mail address of the representative(s) from your organization for which you are requesting or terminating file access privileges:

Add Delete

<input type="checkbox"/>	<input type="checkbox"/>	Name _____	E-mail address _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	E-mail address _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	E-mail address _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	E-mail address _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	E-mail address _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	E-mail address _____

Note: It is extremely important that the e-mail addresses provided be the individuals who will ultimately be performing the file transfers. Information provided on the Participation Request form will be used to validate and authorize your request for security certificates.

3. The representative from your organization to whom the State Controller's Office can direct inquiries in the event problems are encountered:

Name _____	Telephone (____) _____
E-mail address _____	

4. We agree to notify the State Controller's Office *in writing* of any change or should we desire to terminate this agreement.
5. We agree to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses that may result from reporting of payroll deduction information.
6. We understand and agree to the requirements and conditions set forth for receiving these deduction files through SCO's secure server. The undersigned signature is a person authorized to sign payroll deduction authorizations and constitutes validation of the requesting source.

Name of Company/Organization

Name of Authorized Representative

() _____
Phone

Signature of Authorized Representative

Title

Date

Demographics (*Please circle one for each category*)

Operating System:	MacOS 9 Windows 2000	MacOS X Windows XP	Windows NT Unix
Browser:	Communicator	Internet Explorer	
Connection Speed:	Modem	ISDN	DSL/Cable
			T1/T3